

Part B Insider (Multispecialty) Coding Alert

Surgery: CMS Gives ASCs Covered Procedures - And CMS Also Takes Away

100 procedures will be kosher in offices, but no longer in ASCs, if CMS gets its way

The **American Medical Association** has taken a firm stand against the **Centers for Medicare and Medicaid Services'** attempt to drive many important surgeries out of Ambulatory Surgery Centers.

In a recent proposed rule, CMS unveiled the latest list of procedures it wants to cover in the ASC setting. Providers were shocked when CMS added only 25 procedures to the ASC-covered list, and removed 100 more. The AMA's **House of Delegates** voted Dec. 9 to oppose CMS' proposal, which would take effect next July.

The resolution warns that the move would clog already overcrowded hospital operating rooms.

The 25 new additions do include some much-desired codes including knee arthroscopy (29873) and repair bladder defect ([CPT 57288](#)), the **Federated Ambulatory Surgery Association** noted. And the addition of epidural adhesiolysis on a single day (62264) gained rave reviews from the **American Society for Interventional Pain Physicians**. Also, excise excessive skin tissue (15836 and 15839) and release eye tissue (67343) will be useful for ophthalmologists, says the **Outpatient Ophthalmic Surgery Society**.

The **HHS Office of Inspector General** targeted many of the 100 codes CMS proposes to delete in a January 2003 report, claiming that Medicare could save \$8 million to \$14 million if it only covered those codes in hospital outpatient departments, where payments are lower.

The whole idea of having a list of ASC-covered procedures is problematic because it takes away the physician's choice of the best setting for each individual procedure, says FASA Executive Director **Kathy Bryant**. She cites the example of cystoscopy code 52000, which CMS wants to remove from the covered list. Physicians perform this procedure in their offices 80 percent of the time, and in ASCs 6 percent of the time. Obviously, physicians only perform the procedure in the ASC when it will take longer and require general anesthesia, she argues.

"You don't want to be encouraging general anesthesia in a lot of places where there aren't a lot of people there for it," Bryant adds.